

(1) PLACE OF BIRTH

County of *Anderson*Township of *Duffield*or
Inc. Town of.....or
City of.....

(No. St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Edgar H. Fullmer*

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *Girl* (4) Twin or Triplet *No* (5) Number in order of birth *1* (6) Are Parents Married? *No* (7) DATE OF BIRTH *Sept 2, 1922*
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME *Alton Fullmer*(9) PRESENT POSTOFFICE OF FATHER *Springfield*(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *30*
(Years)(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *1*

MOTHER

(14) NAME BEFORE MARRIAGE *Violet Garrison*(15) PRESENT POSTOFFICE OF MOTHER *Springfield*(16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY *21*
(Years)(18) BIRTHPLACE *S.C.*(19) OCCUPATION *Farmer laborer*(21) Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *9* A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Gula Ann Lee*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *Springfield*

Given name added from a supplemental report

(26) Witness *John H. Lee*
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *Sept 13, 1922* (28) *J. M. Lammert*
Registrar Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.